UNITED
NATIONS

E

Economic and Social
Council

Distr.
GENERAL

E/CN.4/Sub.2/AC.4/1997/4
19 June 1997

Original: ENGLISH

COMMISSION ON HUMAN RIGHTS

Sub-Commission on Prevention of
Discrimination and Protection
of Minorities
Working Group on Indigenous Populations
Fifteenth session
28 July - 1 August 1997
Item 5 (c) of the provisional agenda

REVIEW OF DEVELOPMENTS PERTAINING TO THE PROMOTION AND PROTECTION OF HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS OF INDIGENOUS PEOPLE

HEALTH AND INDIGENOUS PEOPLES

Note by the Secretariat

Introduction

1. The health conditions of indigenous peoples are recognized to be generally worse than those of the national populations in the countries in which they live. Indigenous peoples have higher infant mortality rates, lower life expectancy, greater morbidity and more chronic illness than the non-indigenous population in a national society, which points to a general disadvantage in the health situation of indigenous peoples. This situation also exists in rich countries.

2. The health of indigenous peoples is affected in different ways. While relatively isolated forest-dwelling peoples can be extremely vulnerable to imported illnesses against which they have no immunity, malnutrition and substance use are a growing concern among indigenous peoples in developed countries. Indigenous peoples are particularly subject to infectious and parasitic diseases. Other matters of special consideration are mental health disorders and psychological problems, depression, suicide and stress-related disorders, including violence against others. Despite the fact that there is

great ethnic and cultural diversity among the world's indigenous peoples, there seem to be common social and cultural denominators that affect the health situation of indigenous peoples. Poverty and below average living conditions result in nutritional deficiencies, poor housing and inadequate sanitation. Owing to the general isolation of some indigenous peoples and the poverty which severely limits their ability to pay for medical services, indigenous peoples face problems of unequal access to health facilities and services.

3. Indigenous peoples are the victims of environmental degradation, pollution, and also displacement. Areas occupied by indigenous peoples have been subject to intensive development, such as large-scale mining, hydroelectric schemes, logging and agro-industrial development.

4. For indigenous peoples, there are also unique spiritual and emotional factors that relate to health. There is a close relationship between land rights and health. Mental health disorders and substance use are closely related to the inability of indigenous peoples to control their lands, environment and destinies. In cases where indigenous peoples have been removed from their ancestral lands there are risks of loss of cultural identity. The reduction or complete denial of access to traditional land and resources can also lead to the breakdown of indigenous food production.

5. For many indigenous peoples health is a part of a greater order and closely related to the spirit, the environment and their very existence. There is a need amongst all the indigenous peoples to find a way of mutual communication between the Western approach to medicine and traditional healing.

6. The general right to health is recognized in article 25 of the Universal Declaration of Human Rights. Article 12 of the International Covenant on Economic, Social and Cultural Rights gives everyone the right to the enjoyment of the highest attainable standard of physical and mental health. Specific provisions pertaining to the health of indigenous peoples can be found in articles 22, 23 and 24 of the draft United Nations declaration on the rights of indigenous peoples, 1/ in Part V of International Labour Organization Convention (No. 169) concerning Indigenous and Tribal Peoples, in General Assembly resolution 48/163 in which the Assembly proclaimed the International Decade of the World's Indigenous People, and in World Health Assembly resolutions WHA47.27, WHA48.24, WHA49.26, and WHA50.31, which recognize the role of the World Helath Organization (WHO) in planning and implementing the objectives of the International Decade of the World's Indigenous People.

Working Group on Indigenous Populations

7. At its fourteenth session, in (1996), the Working Group on Indigenous Populations considered the question of health and indigenous peoples as sub-item (b) of its agenda item 3 on the review of developments pertaining to the promotion and protection of human rights and fundamental freedoms of indigenous people. 2/ Governments, intergovernmental, indigenous and non-governmental organizations had prepared background papers that contained information on indigenous health issues. 3/ A note prepared by the

Secretariat on health and indigenous peoples 4/ provided a brief overview of the need for considering the issue of health and indigenous people, the social and cultural context of indigenous health, indigenous approaches to health and best practices. The note also identified discussion points.

8. The indigenous caucus drew attention to the various dimensions of health and the need for recognition of the right to self-determination, indigenous control of lands and resources and a moratorium on bioprospecting. It asked WHO to report on the collection and commercialization of patented materials from indigenous peoples and to convene a global conference of indigenous peoples involved in health issues. The Caucus also asked WHO to assist the Working Group in issues relating to the health of indigenous peoples, to conduct an international survey on the health of indigenous peoples and to promote respect for traditional medicine and practices.

9. In her statement, the Chairperson-Rapporteur, Ms. Erica-Irene Daes, outlined four major concerns: (a) the need for a recognition of the effects of dispossession of lands and habitat on the health of indigenous peoples; (b) the exposure of indigenous peoples to hazardous industrial and military activities; (c) the need to improve access to national health-care systems; (d) the role traditional medical practices could play in national primary health-care systems and the protection of those practices.

10. Based on these four points, the Chairperson-Rapporteur suggested six specific actions that the international community, especially WHO, could take to address the principal threats to the health of indigenous peoples: (a) finance and organize a programme of research on the nutritional and health impacts of development projects; (b) establish an effective procedure for identifying, publicizing and responding medically to new health emergencies created by destruction, contamination or expropriation of indigenous lands; (c) identify organizations controlled by indigenous peoples which have expertise in medical research, training and health care, and provide them with technical and financial assistance to enable them to share their experiences with indigenous peoples and Governments in other regions of the world; (d) develop and promote model national legislation for the recognition and protection of traditional medicinal knowledge; (e) develop and promote, in cooperation with indigenous peoples, strict ethical standards governing medical research that involves indigenous peoples or their traditional knowledge; (f) establish, if possible, a unit within WHO to audit national health programmes.

11. Representatives of WHO and the Pan-American Health Organization (PAHO), who had been invited to attend the fourteenth session of the Working Group reported on various activities of their organizations. They informed the Working Group of the goal of "Health for all by the year 2000" and stated that in this context priority attention was being given to communities which had little or no access to health care.

12. In the general debate statements were made by various indigenous representatives and government observers. It provided an overview of the current situation with regard to the health of indigenous peoples, and information on policies and mechanisms being introduced to meet the needs identified.

World Health Organization

13. In May 1977, the World Health Assembly adopted resolution WHA30.43 in which it stated that the main social target of Governments and WHO in the coming decades should be the attainment by all citizens of the world by the year 2000 of a level of health that would permit them to lead a socially and economically productive life. In 1979, in its resolution WHA.32.30, it invited member States to formulate health care for attaining the goal of health for all by the year 2000.

14. In its resolution WHA49.26, the World Health Assembly requested the Director-General to submit to the ninety-ninth session of the Executive Board a comprehensive programme of action for the Decade. In his report, 5/ the Director-General informed the Executive Board about the fourteenth session of the Working Group and outlined the major concerns expressed at that session, as well as the areas of action suggested. He provided a picture of the state of affairs in regard to the current programme of activities of WHO and gave a brief overview of activities of the regional organizations of WHO.

15. In May 1997 the fiftieth World Health Assembly adopted resolution WHA50.31 on the International Decade of the World's Indigenous People, in which it recognized with satisfaction the progress made in implementing the PAHO "Initiative on the Health of Indigenous People of the Americas" and noted with appreciation the activities of the focal point for the Decade. It requested the Director-General to continue to facilitate the work of the focal point and to submit to the fifty-first World Health Assembly a report reviewing progress in finalizing a comprehensive programme of action for the Decade.

16. Co-sponsored by WHO, the Third Healing Our Spirit Worldwide Indigenous Conference will be held in Rotorua, New Zealand, in February 1998. It will build on the work achieved at the first two conferences, held in Edmonton, Canada in 1992 and Sydney, Australia, in 1994. The conference will provide a forum for indigenous peoples worldwide to network and share resources, research and information concerning the prevention and treatment of issues relating to psychoactive substances. These regular meetings provide some continuity and respond to the need for an exchange of information. WHO would wish to organize a satellite meeting during the conference in Rotorua which would provide the opportunity for a debate on the programme of action for the Decade. In the interim work will be carried out in terms of an integrated assessment of the epidemiological situation and country-specific case studies carried out by indigenous organizations.

Indigenous peoples and substance use project

17. Substance use problems among indigenous peoples exist throughout the world, the most significant consequences of which are deteriorating health, social disruption and destruction of indigenous culture and values. Indigenous communities have limited access to health, education and other appropriate services for the prevention and treatment of substance use related problems.

18. The indigenous peoples and substance use project is a response to the aforementioned problems and is now a major part of the WHO programme on substance abuse (WHO/PSO). It aims to promote the health and well-being of indigenous peoples worldwide and acknowledges the basic rights and principles of indigenous peoples, including self-determination, and indigenous peoples' need to be involved at all levels of the design and implementation of the project. The objectives of the project are to promote healthy development of indigenous peoples and communities through the prevention and minimization of problems related to psychoactive substances and to develop processes and tools that will assist indigenous peoples and communities to self-determination and self-management issues relating to substance use. Phase II of the WHO/PSO project on indigenous peoples and substance use was initiated in late 1995. A planning meeting took place in March 1996 in Costa Rica, which recommended the formation of an indigenous project team. This team consisting of indigenous professionals, was established during 1996/97 and set up a programme of action for the project. The planning meeting also identified the objectives of the project, among them the establishment of an international network of indigenous organizations and experts and the setting up of a database of indigenous knowledge on substance abuse. The project will make a contribution to the Third Healing Our Spirit Worldwide in Rotorua.

Pan-American Health Organization

19. The Health of Indigenous Peoples Initiative of PAHO was introduced in the Americas in September 1993 as a result of a joint venture with representatives of the regional Governments, non-governmental organizations, indigenous organizations and the indigenous peoples of the Americas. The Initiative was introduced to contribute effectively and efficiently to efforts by the countries and peoples of the region to bring about improvement in the health of indigenous peoples. The Initiative includes programmes with activities at different stages of development, implementation and evaluation. Several of these programmes, such as community-based rehabilitation, substance abuse and medicinal plants are being implemented.

The International Labour Office

20. The first legal instrument addressing the living and working conditions of indigenous and tribal peoples was the International Labour Organization (ILO) Convention (No. 107), concerning indigenous and tribal populations, adopted in 1957 and ratified by 27 countries. It covers a range of issues including the issue of health.

21. In 1989, ILO Convention No. 107 was revised as Convention No. 169 concerning indigenous and tribal peoples to include the fundamental concept that the way of life of indigenous and tribal peoples should be acknowledged and respected. Convention No. 169 also provides that the peoples and their traditional organizations should be closely involved in the planning and implementation of development projects that affect them. This instrument has so far been ratified by 10 countries. Specific provisions relating to health are contained in articles 24 and 25. According to these articles, social

security schemes shall be extended progressively and adequate health services shall be made available to the peoples concerned or these peoples shall be provided with resources to allow them to design and deliver such services under their own responsibility and control. Article 25 also gives preference to community-based health services.

22. As to specific activities within the ILO related to the health situation of indigenous peoples, programmes pertaining to the improvement of working conditions address also the health needs of indigenous peoples. For example, a technical cooperation project on the safety and health of rural workers applies to indigenous peoples, because many indigenous people work as temporary rural workers.

Notes

1/ Resolution 1994/45 of the Sub-Commission on Prevention of Discrimination and Protection of Minorities, annex.

2/ See E/CN.4/Sub.2/1996/21, paras. 77-108.

3/ E/CN.4/Sub.2/AC.4/1996/3/Add.1-5.

4/ E/CN.4/Sub.2/AC.4/1996/3.

5/ WHO Document EB99/23.